10/510423

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                                 |                                       |                      |                                    |       | SMALL ENTITY TYPE                   |                        | ΛE       | OTHER THAN                   |                        |
|---|--|---|---------------------------------|---------------------------------------|----------------------|------------------------------------|-------|-------------------------------------|------------------------|----------|------------------------------|------------------------|
| TOTAL CLAIMS  |  |   | 10000                           |                                       | 1001                 |                                    | 1     | RATE                                | FEE                    | <b>7</b> | RATE                         | FEE                    |
|   |  |   | NI 0 1055 511 50                |                                       | ANN ADER ENTRA       |                                    |       | BASIC FE                            | -                      | +        | 242.25                       |                        |
| FOR   |  |   |                                 |                                       | NUME                 | NUMBER EXTRA                       |       | BASIC PE                            | <del></del>            | OR       | BASIC PEE                    | 958                    |
| T   | OTAL CHARGE                                    | ABLE CLAIMS   | 7 minus 20≈ °                   |                                       |                      |                                    |       | XS 9=                               |                        | OR       | X\$18=                       |                        |
| INDEPENDENT CLAIMS  |  |   | 1 minus 3 =                     |                                       |                      |                                    |       | X43=                                |                        | OR       | X86=                         |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                                 |                                       |                      |                                    |       | +145=                               |                        | OR       | -290=                        | ·                      |
| • If the difference in column 1 is less than zero, enter "0" in column 2              |  |   |                                 |                                       |                      | ı                                  | TOTAL |                                     | OR                     | TOTAL    |                              |                        |
| CLAIMS AS AMENDED - PART II   |  |   |                                 |                                       |                      |                                    |       |                                     |                        |          |                              | THAN                   |
|   |  | (Column 1)  |                                 |                                       |                      | (Column 3)                         | ٠,    | SMALL                               | ENTITY                 | OR       | SMALL                        |                        |
| AMENDMENT A   | 10/6/04  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | 7                               | HIGHE<br>NUMB<br>PREVIO<br>PAID F     | ER<br>USLY<br>OR     | PRESENT<br>EXTRA                   | .     | RATE                                | ADDI-<br>TIONAL<br>FEE |          | RATE                         | ADDI-<br>TIONAL<br>FEE |
|   | Total  | . 7   | Minus                           | - 7                                   | 0                    | e                                  |       | XS 9=                               |                        | OR       | X\$18=                       |                        |
|   | Independent                                    | . /   | Minus                           | 3                                     | C: A114              | -                                  |       | X43= ·                              |                        | OR       | X86=                         |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                 |                                       |                      |                                    |       | +145=                               |                        | OR       | +290=                        |                        |
|   |  |   |                                 |                                       |                      |                                    |       | TOTAL                               |                        | OR       | TOTAL<br>ADDIT. FĘÉ          |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                                 |                                       |                      |                                    |       | DUM. FEE                            | -                      | •        | . /                          |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                 | HIGHE<br>NUMB<br>PREVIOU<br>PAID F    | ER<br>USLY           | PRESENT<br>EXTRA                   |       | RATE                                | ADDI-<br>TIONAL<br>FEE |          | RATE                         | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus                           | **                                    |                      | = .                                |       | XS 9=.                              |                        | OR       | X\$18=                       |                        |
|   | Incependent                                    | •   | Minus                           | ***                                   |                      | 8                                  |       | X43=                                |                        | OR-      | X86=                         |                        |
| .~  | FIRST PRESE                                    | NTATION OF MU   | ILTIPLE DEF                     | ENDENT (                              | CLAIM                |                                    | -     | +145=                               |                        |          | +290=                        |                        |
|   |  |   |                                 |                                       |                      |                                    |       | TOTAL                               |                        | OR       | JOTAL                        |                        |
|   |  |   |                                 |                                       |                      |                                    |       | DOIT. FEE                           |                        | OR       | ADDIT. FEEL                  |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                                 |                                       |                      |                                    |       |                                     |                        |          |                              |                        |
| ENTC  | •  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                 | HIGHE:<br>NUMBE<br>PREVIOU<br>PAID FO | R                    | PRESENT<br>EXTRA                   |       | RATE                                | ADDI-<br>TIONAL<br>FEE |          | RATE                         | ADDI-<br>TIONAL<br>FEE |
| AMENOMENT   | Total  | •   | Minus                           | **                                    |                      | =                                  |       | X\$ 9=                              |                        | OR       | X\$18=                       |                        |
|   | Independent                                    |   | Minus                           | •••                                   |                      | <b>a</b>                           |       | X43=                                |                        | OR       | X86=                         |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                 |                                       |                      |                                    |       |                                     |                        | <u> </u> |                              | <del></del>            |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                                 |                                       |                      |                                    |       |                                     |                        | OR [     | +290=                        |                        |
|   | the "Highest Nun<br>the "Highest Nun           | nn 1 is less than the<br>aber Previously Pai<br>aber Previously Paid<br>ber Previously Paid | d For IN THIS<br>id For IN THIS | SPACE IS I                            | ess than<br>ess than | '20', enter "20."<br>3, enter "3." |       | . TOTAL<br>DIT. FEE<br>d in the app |                        |          | TOTAL<br>DDIT. FEE<br>imn 1. |                        |
|   | 970 em (0                                      |   |                                 |                                       |                      |                                    |       |                                     |                        |          | OTHENT OF                    |                        |